



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Texas Alliance Medical Group

Respondent Name

ACIG Insurance Co

MFDR Tracking Number

M4-16-0020-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

September 2, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Services have been extended and the all clean claims have been mailed before the 95 day deadline."

Amount in Dispute: \$1,160.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on September 10, 2015. The insurance carrier did not submit a response for consideration in this review. Per 28 Texas Administrative Code §133.307(d)(1), "If the Division does not receive the response information within 14 calendar days of the dispute notification, then the Division may base its decision on the available information." Accordingly, this decision is based on the available information.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 28, 2014	99203, 99080 -73	\$1,160.00	\$648.88
September 15, 2014	99213, 99080 – 73		
September 29, 2014	99213, 93000 -57, 99000 -57, 36415 -57		
October 13, 2014	99213, 99080 -73		
November 17, 2014	99213, 99080 -73		
July 16, 2015	99213		

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.20 sets our requirements for medical bill submission by health care

providers.

3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
4. 28 Texas Administrative Code §129.5 sets out reimbursement guidelines for work status reports.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – Time limit for filing claim/bill has expired
 - 73 – Work status reports
 - P14 – Payment is included in another svc/procedure occurring on same day

Issues

1. Was the request for Medical Fee Dispute Resolution submitted in a timely manner?
2. Are the insurance carrier's reasons for denial or reduction of payment supported?
3. What is the applicable rule pertaining to reimbursement?
4. Is the requestor entitled to additional reimbursement?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

The code in dispute are 99203 and 99080 -73 for date of service July 28, 2014. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on September 2, 2015. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this date of service in dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for these codes on this date of service.

2. The insurance carrier denied disputed services with claim adjustment reason code 29 – "Time limit for Filing Claim/Bill has Expired." 28 Texas Administrative Code §133.20 (b) requires that,

Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation.

Review of the submitted information finds that;

- a. Requestor submitted documentation dated March 6, 2015 of contact to adjustor (Ms. Lamoine) who informed them of correct carrier and mailing address
- b. Requestor submitted "Certified Mail" receipt showing receipt of claims by the correct carrier within 95 days of notice of correct carrier.

Because the carrier provided evidence of submitting the claims to the correct carrier with the 95 days as specified in the above rule, the insurance carrier's denial reason is not supported. The disputed services will therefore be reviewed per the applicable Division rules and fee guidelines.

3. The services in dispute are related to professional medical services, work status reports and clinical laboratory charges. 28 Texas Administrative Code 134.203 (c) states,

To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor).

28 Texas Administrative Code 134.203 (e) states,

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,
- (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

CMS payment policy files identify those clinical laboratory codes which contain a professional component, and those which are considered technical only. The code in dispute is not identified by CMS as having a professional component, for that reason, the MAR is determined solely pursuant to 28 TAC §134.203(e)(1).

28 Texas Administrative Code 129.5 (i) states,

Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be \$15.

- (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section;

The services in dispute will be reviewed per applicable rules and fee guidelines.

Date of Service	Submitted Code	MAR	Amount Due
September 15, 2014	99213	DWC/Conversion Factor/Medicare Conversion Factor) x Participating Amount = MAR or (55.75/35.8228) x \$73.56 = \$114.48	\$114.48
September 15, 2014	99080 -73	\$15.00	\$15.00
September 29, 2014	99213	DWC/Conversion Factor/Medicare Conversion Factor) x Participating Amount = MAR or (55.75/35.8228) x \$73.56 = \$114.48	\$114.48
September 29, 2014	93000 -57	DWC/Conversion Factor/Medicare Conversion Factor) x Participating Amount = MAR or (55.75/35.8228) x \$16.92 = \$26.33	\$26.33
September 29, 2014	99000 -57	Bundled code not separately payable	\$0.00
September 29, 2014	36415 -57	\$3.00 x 125% = \$3.75	\$3.75

October 13, 2014	99213	DWC/Conversion Factor/Medicare Conversion Factor) x Participating Amount = MAR or (55.75/35.8228) x \$73.56 = \$114.48	\$114.48
October 13, 2014	99080 -73	\$15.00	\$15.00
November 17, 2014	99213	DWC/Conversion Factor/Medicare Conversion Factor) x Participating Amount = MAR or (55.75/35.8228) x \$73.56 = \$114.48	\$114.48
November 17, 2014	99080 -73	\$15.00	\$15.00
July 16, 2015	99213	DWC/Conversion Factor/Medicare Conversion Factor) x Participating Amount = MAR or (56.2 / 35.9335 x \$74.09) = \$115.88	\$115.88
	TOTAL		\$648.88

4. The total allowed amount for the eligible services in dispute is \$648.88. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$648.88.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$648.88 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

		November , 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.